

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

RECEIVED

JUN 17 2021

PSC SC

MAIL ROOMS

(Please type or print)

Submitted by: Michael Johnson

Address: 1055 Boulevard Rd  
Sumter, SC 29153

Telephone: 803-778-1455

Fax:

Other:

Email:

DOCKET  
NUMBER: 2021 - 203 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van <u>Limo</u>   | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 6/7/2021

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Michael Johnson dba Body Guard Limo  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1055 Boulevard ROAD Sumter, SC 29153  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-316-1274  
Phone

Fax

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="12,000"/>	Loans Owed on Motor Vehicles	<input type="text" value="0"/>
Cash on Hand	<input type="text" value="0"/>	Business/Other Loans Owed	<input type="text" value="0"/>
Cash in Bank	<input type="text" value="0"/>	Other Liabilities or Debts	<input type="text" value="0"/>
Value of Other Assets and Equipment	<input type="text" value="9,000"/>	<b>Total Liabilities</b>	<input type="text" value="0"/>
<b>Total Assets</b>	<input type="text" value="21,000"/>		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blanks/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.



## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

Pick-up / drop-off \$150.00  
Dinner dates \$200

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |  |   |   |  |
|-------------------------------------|--|---|---|--|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee              | <input checked="" type="checkbox"/> Florence  | <input checked="" type="checkbox"/> Lee       | <input type="checkbox"/> Saluda                  |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester               | <input type="checkbox"/> Georgetown           | <input checked="" type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg             |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield          | <input type="checkbox"/> Greenville           | <input type="checkbox"/> Marion               | <input checked="" type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson   | <input checked="" type="checkbox"/> Clarendon  | <input type="checkbox"/> Greenwood            | <input type="checkbox"/> Marlboro             | <input type="checkbox"/> Union                   |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton              | <input type="checkbox"/> Hampton              | <input type="checkbox"/> McCormick            | <input checked="" type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell   | <input checked="" type="checkbox"/> Darlington | <input checked="" type="checkbox"/> Horry     | <input type="checkbox"/> Newberry             | <input type="checkbox"/> York                    |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon                | <input type="checkbox"/> Jasper               | <input type="checkbox"/> Oconee               |  |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester            | <input checked="" type="checkbox"/> Kershaw   | <input type="checkbox"/> Orangeburg           | <input type="checkbox"/> Statewide               |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield             | <input checked="" type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens              |  |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield             | <input type="checkbox"/> Laurens              | <input checked="" type="checkbox"/> Richland  |  |

Within 100 mile radius



## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for: ACTUAL PRICE

MICHAEL JOHNSON DBA: BODY GUARD LIMO

Name of Applicant

1055 BOULEVARD SUMTER S.C. 29153

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 1,000,000

Limits 1,000,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

8-15 Passengers\* \$ 25,000/100,000/25,000

COLUMBIA Insurance Company

Name of Insurance Company

COTtingham Insurance Agency 10 W. PETERS ST.

Home Office Address of Company

MANING, S.C. 29102

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**Michael Johnson

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No



**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Michael Johnson  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Richland )

SWORN TO BEFORE ME  
This 7 day of June, 20 21

Dhulega Starling  
Notary Public

Commission Expires 4/22/31



Print Application

## Account Summary For Michael Johnson



Quote #: 11587588

Status: Pending

Policy Type: AP

Originally Quoted: 4/08/2021 4:17 PM EDT  
 Quote Printed: 4/12/2021 4:21 PM EDT  
 Proposed Effective: 4/12/2021 12:00 AM EDT  
 Proposed Expiration: 4/12/2022 12:00 AM EDT

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	2,271
7	UM - BIPD	100,000 CSL	252
7	UIM - BIPD	100,000 CSL	252
7	Medical Payments	5,000	167
7	Physical Damage	See Specific Unit	764
	Total Ins Value	8,000	

Quoted By: Debbie Miller  
 Johnson & Johnson, Inc.  
 200 Wingo Way, Ste 200  
 Mt. Pleasant, SC 29464  
 Phone - (800) 487-7565  
 Fax - (843) 577-1511  
 debbie.miller@jjins.com

DOT #: Unknown  
 MC #: Unknown

Total **\$3,706.00**

Revision: 71SC2020R01

Vehicle Information

NICO-Rate Version: 8.7.4670.1428

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 1999 LINCOLN (71251) Comp/Coll \$8,000 Radius: Up to 100 Miles	2,271	252	252	167	764	N/A	N/A	3,706
Deductible: 500/500								

**NI** National  
 Indemnity  
 Company  
 — Since 1940 —





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/01/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cottingham Insurance Company 10 W. Rigby St. Manning, SC 29102	<b>CONTACT NAME:</b> Robbie Briggs <b>PHONE (A/C, No, Ext):</b> 803-425-2368 <b>FAX (A/C, No):</b> 803-435-8292 <b>E-MAIL ADDRESS:</b> cottingham.robby@gmail.com
<b>INSURED</b> Michael Johnson DBA: Body Guard Limo 1055 Boulevard Sumter, SC 29153	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Columbia Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		71APR39390	4/22/2021	4/22/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Michael Johnson DBA: Body Guard Limo 1055 Boulevard Sumter, SC 29153	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/01/2021

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<b>PRODUCER</b> Cottingham Insurance Company 10 W. Rigby St. Manning, SC 29102	<b>CONTACT NAME:</b> Robbie Briggs <b>PHONE (A/C, No, Ext):</b> 803-425-2368 <b>E-MAIL ADDRESS:</b> cottingham.robby@gmail.com <b>FAX (A/C, No):</b> 803-435-8292
<b>INSURED</b> Michael Johnson DBA: Body Guard Limo 1055 Boulevard Sumter, SC 29153	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Columbia Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			71APR39390	4/22/2021	4/22/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Public Service Commission  
Clerk's Office  
101 Executive Center Drive, Suite 100  
Columbia SC 29210

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



**RECEIVED**

**JUN 16 2021**

PSCSC  
Clarks Office

# OFFICIAL 3 YEAR DRIVER RECORD

**Customer No**

**Name:** JOHNSON, MICHAEL ANTHONY

**Address:** 1055 BOULEVARD RD

**City:** SUMTER

**Driver Licen:**

**State:** SC

**Zip:** 291537709

**Sex:** M

**Driver Training:** N

**Status - DL:** NO SUSPENSION

**CDL:** NO DISQUALIFICATION

**License Information**

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.	Document Identifier
Current								(ACN / DDN)
DL	D	Reissue	04/07/2015	03/21/2025	08/23/1995	N	N	
Prior								
BP	M	Returned	02/20/2018	02/20/2019	01/11/2000	N	N	
BP	M	Re-exam	02/20/2018	02/20/2019	01/11/2000	N	N	
DL	D	Renewal	04/07/2015	03/21/2025	08/23/1995	N	N	
DL	D	Reissue	04/07/2015	03/21/2025	08/23/1995	N	N	
DL	D	Renewal	03/10/2014	03/21/2024	08/23/1995	N	N	
DL	D	Reissue	03/10/2014	03/21/2024	08/23/1995	N	N	
DL	D	Renewal	09/10/2013	03/10/2014	08/23/1995	N	N	
CBP	B	Returned	06/18/2009	12/18/2009	06/18/2009	N	Y	
CBP	B	Original	06/18/2009	12/18/2009	06/18/2009	N	Y	
BP	M	Renewal	06/04/2009	06/04/2010	01/11/2000	N	N	
BP	M	Re-exam	04/18/2008	04/18/2009	01/11/2000	N	N	
DL	D	Renewal	04/01/2005	03/21/2015	08/23/1995	N	N	
DL	D	Reissue	04/01/2005	03/21/2015	08/23/1995	N	N	
DL	D	Renewal	04/05/2000	03/21/2005	08/23/1995	N	N	
DL	D	Duplicate	05/13/2004	03/21/2005	08/23/1995	N	N	
BP	M	Renewal	01/11/2000	01/11/2001	01/11/2000	N	N	

**Point Summary**

**Total Current Points:** 0

**Driver Credit:** -0

**Adjusted Current Points:** 0

## End of Report

Certified to be a true and correct  
copy of the original document on file  
with the South Carolina Department of  
Motor Vehicles.

*S. H. Rweis*

Driver Services, Director





**SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES**

**0043 Sumter  
430 SOUTH PIKE EAST  
SUMTER, SC 29150-0000**

**Receipt of Fees Paid  
6/14/2021 11:08:24 AM**

**JOHNSON, MICHAEL ANTHONY  
1055 BOULEVARD RD  
SUMTER, SC 29153-7709**

**Reference**

**SERVICES**

<b>Customer Name</b>	<b>ServiceDescription</b>	<b>Identifier</b>	<b>Amount</b>
JOHNSON, MICHAEL ANTHONY	SC TITLE TRANSFER	770430405297390 B	\$45.00
JOHNSON, MICHAEL ANTHONY	INFO REQUEST	VIN: 1G3AJ85M6S6374107	\$6.00
		DL- OFFICIAL 3 YEAR DRIVER RE	\$0.00
		Donate Life SC:	\$51.00
		<b>Total Fees Due:</b>	

**PAYMENTS**

Cash	\$51.00
<b>Total Payments:</b>	<b>\$51.00</b>

**End of Receipt**

Does your driver's license or identification card have a gold star in the upper right hand corner? If not, you will be required to have another federally accepted ID or buy a REAL ID to board a domestic, commercial flight, enter a secure federal building, or visit a military installation beginning May 3, 2023. For more information, visit [www.scdmvonline.com](http://www.scdmvonline.com).

**NEW BUSINESS BINDER**

Quote # 2435877 Version # 1 Revision # 1

Binder # 71APR396390

Insured: MICHAEL JOHNSON DBA BODY GUARD LIMO

Date Issued: 04/22/2021



**Johnson & Johnson**

*The Experience of the Past with a Vision for the Future*

<b>Agency: 800801</b> COTTINGHAM INS. AGCY. Robble Briggs	<b>Underwriter:</b> DEBBIE MILLER Direct Phone: (843) 577-1440 debbie.miller@jjins.com	<b>Minimum Earned Premium:</b> <b>25.0000%</b> <b>NO FLAT CANCELLATIONS</b> <b>Term Length: 12 Months</b> <b>Commission: 10.00%</b>
<b>Applicant Information:</b> MICHAEL JOHNSON 1055 BOULEVARD SUMTER, SC 29153		
<b>Requested Policy Period: 4/22/2021 to 4/22/2022</b>		

**CARRIER AND PREMIUM DISTRIBUTION**

**CARRIER(S)**

LINE OF BUSINESS	CARRIER
Public Auto	410 - COLUMBIA INSURANCE COMPANY (ADMITTED) (AN ADMITTED A++ CARRIER)

**PREMIUM**

**COVERAGE PART                      PREMIUM WITHOUT TERRORISM**

Public Auto	\$3,706.00
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Total Base Premium	\$3,706.00
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<b>Total Amount Due</b>	<b>\$3,706.00 *</b>
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*\*Please refer to the attached quote letter for additional Terrorism charges and terms.*

**THE TERMS AND CONDITIONS OF THIS BINDER MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS BINDER CAREFULLY AND COMPARE IT AGAINST YOUR QUOTE AND SUBMISSION DOCUMENTS.**

POLICY ISSUANCE INSTRUCTIONS	UNDERWRITER NOTES
<p><b>Coverage is bound and subject to no flat cancellations. A complete policy will be issued once all required information is received</b></p> <p>The following items are due on <b>5/2/2021</b> The requested effective date may be changed if this information is not received by the date above.</p> <ul style="list-style-type: none"> <li>• Full Premium or JJPF Down Payment</li> <li>• A copy of this binder letter</li> <li>• Fully completed signed National Indemnity company application, including correct effective date.</li> </ul> <p>Signed UM/UIM selection rejection form.                      Full payment or signed finance agreement.                      Due to new J&amp;J binding procedures, we must have a fully completed and signed application at the time of binding. Please make sure all limits and coverages on the application match the quote. Again, we cannot bind coverage without the signed application.</p>	<p>This quote is based upon the following items. Any changes in these items may change the terms and conditions of this quote.</p>